## **EXHIBIT 3-K**

# Homebuyer Set Up and Completion Form HOME Program (For single and multi-address activities)

Check the appropriate box:	Name and Phone Number of Person Completing Form:							
Original Submission Change Owner's Addres	SS							
Ownership Transfer Revision								
Set Up Homebuyer Activity:								
A. General Information.								
Name of Participant:	2. County Code	3. IDIS Activity ID I	Number	4. Activity N	lame			
The transfer and open.	z. County Codo	o. Ibio / totivity ib i	tumbor	i. Activity i	idilio			
B. CHDO Information. (Only if applicable)								
1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Bu (If Yes, STOP. DO NOT FILL OUT THIS FORM.)	2. If this is a CHDO activity (funded with CR), is the CHDO acting as (check one):							
		(1) Owner	(2) Sponso	r	(3) Deve	loper		
C. Activity Information.		-						
Activity Type (check one)								
(2) New Construction Only (4) Acquisition & Rehab								
(3) Acquisition Only (5) Acquisition & New (								
·								
2. Homebuyer's Name (optional):	2a. Homebuyer's S	street Address:						
3. City:	4. State:	5. Zip Code:	6. Estimated H	OME Units	<ol><li>Estimated</li></ol>	HOME Funds used for project:		
					\$		_	
8. Loan Guarantee? Y/N:			<u>'</u>					
D. Developer Information. (Only applicable if this is a multi-ac	ddress activity)	•			•			
1. Developer Type (check one):	2. Develope	er's Name:						
	·							
(1) Individual (4) Not-for-Profit	2. Develope	3. Developer's Street Address:						
(2) Partnership (5) Publicly Owned (3) Corporation (6) Other	3. Develope	er s offeet Address:						
(e) Superation	4. City:			5. State:		6. Zip Code:		
						•		

## **EXHIBIT 3-K**

# **Complete Homebuyer Activity:**

E. General Information. (Same									
Name of Participant:	2	. County Code	3. IDIS Activity	ID Number	<ol><li>Activity N</li></ol>	Name			
			•						
F. Activity Information. (Section	os E. G. & H. ara to be filled out f	or each property address	e If this is a multi-a	ddress activity mal	ve conies of t	his form so that each address	has separate F. G.	& H inform	nation )
Activity Type (check one)	is F, G & H are to be lilled out I		Type (check one):		te copies or ti	Completed Units in Project		Total	HOME-Assisted
(2) New Construction Only	(4) Acquisition & Rehab			(3) Cooper	ativo	·	cu. completed Units:	<u>10tai</u>	HOME-ASSISTED
(3) Acquisition Only	(5) Acquisition & New Co		(1) 1-4 Single Family (2) Condominium		ctured	Number meeting Energy \$			
	(o)rioquisition a non oo	(2) [3]	idominiam	Hon		Number Section			
Homebuyer's Name (optional):			5. Homebuyer's	Street Address:					
6. City:	7	'. State:	8. Zip Code:	9a. Purchase F	Price:	10. Value After Rehab (only a	applicable for Acquisition	on/Rehab ac	ctivities):
				\$ -		\$ -			
				9b. Purchase F	Price Limits:				
				\$	-				
G. Activity Costs.									
1. HOME Funds (Including Program	m Income)								
a. Property Costs				•					
(1) Amortized Loan				\$		-			
(2) Grant				\$		-			
(3) Deferred Payment Loan (	DPL)			\$		-			
(4) Other				\$		-			
b. Downpayment Assistance									
(1) Amortized Loan				\$		-			
(2) Grant				\$		-			
(3) Deferred Payment Loan (	DPL)			\$		-			
(4) Other				\$		-			
c. CHDO Loan				\$		-			
Total HOME Funds [a + b	+ c]			\$		<del>-</del>			
2. Public Funds									
(1) Other Federal Funds				\$		-			
(2) State/Local Funds				\$		-			
(3) Tax Exempt Bond Procee	eds			\$		-			
Total Public Funds [(1) +				¢					

#### **EXHIBIT 3-K**

3. Private Funds	
(1) Private Loans	\$ -
(2) Owner Cash Contribution	\$ -
(3) Private Grants	\$ -
<b>Total Public Funds</b> [(1) + (2) + (3)]	\$ -
4. Activity Total (Sum All Totals)	\$ -

## H. Household Characteristics. (Refer to code below where applicable)

_	1. H				ousehold									
		# of			Hispanic?									
	Unit #	Bedrooms	Occupant	% Med	Y/N	Race	Size	Type	Assistance Type			Total Monthly Rent		
			2									\$ -		
			2									-		
			2									-		
			2									-		
L														
12	2. Counseling Received (check one):				<ol><li>First-time Homebuyer?**</li></ol>			es or No	r No 4. Coming from subsidized housing? Yes or No					
	(1) No Counseling (3) Post-Counseling			(Using HUD's definition for FT homebu			nebuyer)	(Living in public housing or receiving rental assistance		r receiving rental assistance)				
(	2) Pre-Co	ounseling	(4) Both											
ţ	5. Lease Purchase? Yes or No If yes, date of		of agreemen	nt: 6. FHA Ir			nsured? Yes or No							

#### # of Bedrooms

- 0 SRO / Efficiency
- 1 1 bedroom
- 2 2 bedrooms
- 3 3 bedrooms
- **4** 4 bedrooms
- 5 5 or more bedrooms

### Occupant

- 1 Tenant
- 2 Owner
- 9 Vacant Unit

#### Household % of Med

- 1 0 to 30%
- 2 30+ to 50%
- 3 50+ to 60%
- 4 60+ to 80%

#### **Household Race**

- 11 White
- 12 Black or African American
- 13 Asian
- 14 American Indian or Alaska Native
- 15 Native Hawaiian or Other Pacific Islander
- 16 American Indian or Alaska Native & White
- 17 Asian & White
- 18 Black or African American & White
- 19 American Indian or Alaska Native & Black or African American
- 20 Other Multi Racial

#### Household Type

- 1 Single, non-elderly
- 2 Elderly
- 3 Single Parent
- 4 Two Parents
- **5** Other

#### Assistance Type

- 1 Section 8
- 2 HOME TBRA
- 3 Other Federal, State, or Local Assistance
- 4 No assistance

#### **Definitions:**

\*Energy Star homes are independently verified to be 15% to 30% more efficient than those built to model IECC standards. The Energy Star label should be prominently displayed on the home's electrical distribution panel. See www.energystar.gov or www.hud.gov/energy for more information

\*\*A **first-time homebuyer** is defined by HUD as an individual and his or her spouse who have not owned a home during the three-year period prior to the purchase of a home with HOME assistance. The term first-time homebuyer includes displaced homemakers and single parents.